



CAMP KINSER AREA SITE TRAINING REQUEST FORM

REQUESTING UNIT: _____ NAME OF OPERATION: _____

OIC/SNCOIC OF MISSION: _____ OIC/SNCOIC PHONE: _____

TRAINING AREA SEE ENCLOSURE (1) OF CO 6000.D ONCE COMPLETED SUBMIT FORM TO CampOperationsKinser@usmc.mil
PLEASE SELECT THE TRAINING AREA(S) YOU ARE REQUESTING:

- | | | | | | |
|---------------------------|-------------------------|---------------------------|---------------------------|-----------------------------|--------------------|
| Area 1
Training Area | Area 2
Training Area | Area 3
Training Area | Area 4
107 Field | Area 5
MSTP Field | Area 6
Gym |
| Area 7
Mess Hall Field | Area 8
O-Course | Area 9
NFCU Field/LZ-2 | Area 10
Med/Dent Field | Area 11
Roberts Field/LZ | Area 12
Theater |
- Area 13 – Roadway Areas

Dates requested:	Start Date/Time	End Date/Time	# of Personnel
------------------	-----------------	---------------	----------------

Vehicle(s) Utilized: (# and type)

Weapons System(s) Utilized: (Type and Quantity)

Brief description of Operation: _____

The following items or activities require a submission of an EMP 13.1.1 to Camp Kinser Environmental.
The form is available at Base Environmental, Building 107, Room 216, Phone #: 637-4405.

- Mess Facilities
- Shower Facilities
- Sink/Shaving Stations
- Laundry Facilities
- Port-a-johns
- Vehicle/Equipment O&M
- Medical/Dental Operations
- Water Purification
- Vehicle/Equipment Refueling/Defueling
- Hazardous Material/Waste Storage/handling
- Generators, Flood Lights, Tanker Vehicles, Fuel Cans, Jerry Cans

All commands, tenant activities, contractors, and dependents will actively participate in and support the base recycling program. Separate recyclable materials from trash and place the items in appropriate containers/collection sites. A "Dig Permit and Work Clearance Request" is required for all excavation, utility disturbance, or any other work performed by the government or any contractor.

The requesting unit will be held responsible for the upkeep of the area and all trash in requested area must be policed at the conclusion of the training. Requesting unit will contact Camp Kinser Operations upon completion for a final inspection, at 637-1886. Following submission of this request, Camp Kinser Operations Office must be notified of any changes to this exercise.

Submitted by: _____

(Rank)	(Name: Last, First, MI)	(Sign)	(Date)
--------	-------------------------	--------	--------

CAMP OPERATIONS USE ONLY

Date Received: _____ Approved _____ Disapproved _____

Reason for disapproval (if any): _____

(Print)	(Sign)	(Date)
---------	--------	--------